

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL MEASLES  
WARD G  
(Ellis Island, Wards 11-12)  
(U.S. Immigration Station)  
Statue of Liberty National Monument  
New York Harbor  
New York  
New York County  
New York

HABS NY-6086-L  
*NY-6086-L*

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY  
National Park Service  
U.S. Department of the Interior  
1849 C Street NW  
Washington, DC 20240-0001

## HISTORIC AMERICAN BUILDINGS SURVEY

### ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL MEASLES WARD G (Ellis Island, Contagious Disease Hospital Wards 11&12)

HABS No. NY 6086-L

**Location:** New York Harbor, Jersey City, Hudson County, New Jersey and New York City, New York County, New York

**Present Owner:** U.S. Department of the Interior, National Park Service

**Present Occupant:** Ellis Island National Monument

**Present Use:** Vacant

**Significance:** Ellis Island Immigration Station is significant as the primary port of entry into the United States for immigrants during the period 1892-1954. It is located on three small islands modified by successive building programs into one. Opened in 1892, the first immigration station was destroyed by fire in 1897. The facility was subsequently rebuilt over time with immigrant processing buildings on Island 1, a general hospital complex on Island 2 and a contagious disease hospital on Island 3. Ward G is part of the contagious disease hospital complex and served important functions as a treatment facility for infectious illnesses and as housing for detainees. The contagious disease hospital complex at Ellis Island—operated by the U.S. Marine Hospital Service from 1900 to 1912 and by the U.S. Public Health Service from 1912 to 1951—closed March 1, 1951. The Ellis Island Immigration Station ceased operation November 12, 1954. The immigration station was made part of the Statue of Liberty National Monument in 1965.

Measles Ward G, constructed in 1907, is one of 11 individual treatment wards in the contagious disease hospital complex on Island 3. The building was one of eight wards designated as measles treatment buildings; these buildings also housed patients with scarlet fever, diphtheria, pneumonia and whooping cough. Upon completion of the contagious disease hospital in 1909, Ward G was re-designated Building 5, and after 1919, the building was renamed Wards 11 (first floor) & 12 (second floor). Like the other seven measles wards in the contagious disease complex, Ward G was built from a single, standardized design and arranged in a pavilion plan - a wing and corridor form popular for hospitals since the nineteenth century. The pavilion plan isolated contagious patients from those in the main hospital and also helped prevent the spread of disease among patients with other infectious illnesses. Ward G is a two-story building featuring pebble and dash (large aggregate) stucco exterior cladding, brick quoins, a brick water table on a dressed granite block base, and a hipped and gabled clay tile roof that reference the Georgian Revival style. Ward G's architectural styling, along with its materials and finishes, integrates it with the other buildings within the contagious disease hospital complex to form a cohesive design unit. Ward G and its sister wards are the largest and most significant group of buildings within the contagious disease hospital complex, and a defining characteristic of its pavilion plan form.

## I. HISTORICAL INFORMATION

### A. Physical History:

1. Date of erection: 1907
2. Architect: Office of the Supervising Architect, U.S. Department of the Treasury (Supervising Architect James Knox Taylor)
3. Original owner: U.S. Department of Commerce and Labor, 1907-1912  
Subsequent Owners: U.S. Department of Labor, 1913-1940  
U.S. Department of Justice, Immigration and Naturalization Service, 1942-1954  
U.S. General Services Administration, 1954-1965  
U. S. Department of the Interior, National Park Service, 1965-present
4. Builder: North-Eastern Construction Co., New York City
5. Original plans and construction: Historic plans and field observation indicate that many original aspects of Ward G's design are still intact, particularly the exterior massing and materials. In 1906, the Office of the Supervising Architect prepared standard plans for the eight measles wards on Island 3. This drawing set includes elevations, floor, roof and foundation plans, and framing plans (Figures 1-4).<sup>1</sup> The floor plans show internal space on each floor divided between a staff support area containing seven rooms and a large, open, ward area designed for 14 beds. Original specifications detail plaster walls and coved plaster ceilings, wood floors throughout except in toilet rooms where terrazzo flooring was to be used. Toilet room walls were to receive six foot high marble wainscoting.<sup>2</sup>
6. Alterations and additions: The numerous interior alterations to Ward G reflect continuous adaptation to meet new patient care mandates and changing uses. In 1911, prior to the opening of the hospital complex, unspecified changes were made to the ward buildings, including Ward G. By 1924, the first floor north elevation window was modified into a one-leaf door and the first floor ward was divided into nine rooms.<sup>3</sup> (Figure 5) A 1928 plan shows the first floor ward area divided into six large rooms.<sup>4</sup> (Figure 6)

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<sup>1</sup> Original drawings for Ellis Island buildings are digitized and available from the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of the Interior at <http://etic.nps.gov>.

<sup>2</sup> Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument New York-New Jersey: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 2* (U.S. Department of the Interior, National Park Service, 1986), 238 as referenced from original plans and drawings; Proposals for the Construction Complete (Except Heating, Elevator, Electric Conduits and Wiring) of the Contagious Disease Hospital, U.S. Immigrant Station, Ellis Island, N.Y., Folder 51436/1-8A, New Contagious Disease Hospital at Ellis Island (1905-1907), Pt. 1 and Pt. 2, Boxes 33 and 34, Entry 9 - Subject and Policy Files, Record Group 85 - Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, D.C. (hereafter Entry 9, RG 85, NARA I); and Specifications for Measles Wards C, D, F, G and H, Isolation Wards I, K, and L, Staff House, Office Building and Mortuary, 1907, Folder 51436/1-8C, Pt. 1, Box 34, Entry 9, RG 85, NARA I.

<sup>3</sup> NPS Drawing No. 462/43,918, Sheet 1 of 1, (5 June 1924). "Repairs, Alterations and Addition for Electrical Wiring and Safety Panel Boards, Island 1 and 3." By 1915, Ward 13 in the building southeast east of Ward G, and

In 1936, Ward G and some of the other wards on Island 3 were extensively remodeled. Ward G was reconditioned for use as a detention facility and the already divided large ward spaces re-subdivided into individual rooms with sinks. The first floor ward was divided into ten private rooms with sinks and the second floor ward partitioned into ten such rooms and a small toilet room. Each floor also had a common use end room. A small toilet room was added to the nurses' room on each floor, and the west façade windows of these rooms divided between the new toilet rooms and the adjacent kitchen areas. In addition to new room partitions, steel frame double hung sash windows and screens, steel doors, acoustical ceiling tile, and some plumbing fixtures were installed. New electrical lines and wall and ceiling fixtures were installed. Currently the interior largely reflects the changes made in 1936. (Figure 7)

The second floor north elevation window was modified into a door in 1936 and a metal fire escape was erected within the north elevation doors. Adding new doorways on the north elevation in 1924 and 1936 reoriented Ward G toward the exterior courtyard creating by filling the gangway between Islands 2 and 3. Previously the only means of access was through the corridor on the south elevation. New exterior doors also were placed in the original south elevation doorways into the corridor.<sup>5</sup> Maintenance, repair and minor modifications made over the years included roof repairs, painting, and installation of a fire alarm system. Minor changes may have been made to the building between 1939 and 1954 by the U.S. Coast Guard.<sup>6</sup>

#### B. Historical Context:

The United States Immigration Station at Ellis Island, New York, was established in April 1890 and was an early, and perhaps the most well known, example of the federal immigration facilities established at the end of the nineteenth century. Prior to 1890, the states handled immigration, but the growing influx of immigrants nationwide spurred federal officials to establish a new federal system, including an isolated facility on Ellis Island in New York Harbor.<sup>7</sup> To accommodate the new complex, Ellis Island was enlarged to eleven acres and improved with a

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Ward 15, in the building immediately east, were modified into smaller rooms. It is possible that such changes also were made to Ward 11 at that time.

<sup>4</sup> NPS Drawing No. 462/43,920, Sheet 2 of 2, (21 May 1928). "Hospital Buildings, Island No. 3."

<sup>5</sup> Drawing No. 10-4, (24 April 1936). "First and Second Floor Plans, Ward No. 11 and Ward No. 12."

<sup>6</sup> Plans reportedly were drawn in 1945 for modifying the building into detention quarters for women with children or for families. The 1945 changes do not appear to have been made and the building reflects its 1936 interior arrangement.

<sup>7</sup> Tracy J. Stakely, *Cultural Landscape Report for Ellis Island—Statue of Liberty National Monument—Site History, Existing Conditions, Analysis* (Brookline, MA: National Park Service, Olmstead Center for Landscape Preservation, 2003), 27.

number of wooden buildings.<sup>8</sup> The immigration station opened January 1, 1892, and processed more than 1,500,000 immigrants until destroyed by a fire on July 15, 1897.<sup>9</sup>

Planning for a new facility was quickly undertaken by the Department of the Treasury, the agency then responsible for immigration.<sup>10</sup> The new immigration station at Ellis Island was the second project created under the Tarnsey Act, which authorized architectural competitions for the design of federal buildings. The competition was won by the New York firm of Boring & Tilton.<sup>11</sup> The firm's plan featured a linear, southwest-northeast axis with three primary "fireproof" buildings—a French Renaissance style immigration building roughly on the site of the burned structure, a kitchen and laundry building and a powerhouse. Additionally, the plan proposed a new man-made island south of the original island that would contain a new Georgian Revival style hospital complex sited on the same linear, southwest-northeast axis as the facilities on Island 1. A ferry slip would separate the two islands. The plan also called for an ornamental Beaux Arts setting with "...symmetrical walks lined with allees of trees."<sup>12</sup>

The Immigration Building on Island 1 opened December 17, 1900, processing 2,251 people the first day.<sup>13</sup> Between 1897 and 1903 several other buildings were erected on Island 1 and the Hospital, the Hospital Outbuilding and the Surgeon's House were built on Island 2. While Boring & Tilton prepared plans for the Hospital, the Treasury Department's Office of the Supervising Architect, under James Knox Taylor, designed the Surgeon's House and the Hospital Outbuilding. When the hospital was finished it was staffed by the uniformed officer physicians of the U.S. Marine Hospital Service, an agency established in 1798 to provide medical care to disabled or injured merchant seamen and naval and marine personnel.<sup>14</sup>

Medical officers were stationed at Ellis Island as early as 1892 and examined immigrants for a number of medical conditions and contagious diseases and for mental illness and developmental disabilities. Such examinations were required under immigration law to weed out those who could not support themselves or their families and thus were likely to become public charges. Medical evaluations also were conducted in an effort to control infectious disease,

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<sup>8</sup> Ibid., 29.

<sup>9</sup> Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume I of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), xix.

<sup>10</sup> Between 1890 and 1892, immigrants arriving at New York were inspected at Castle Garden and then through a building called the Barge Office. According to Harlan D. Unrau in *Historic Resource Study (Historical Component) Volume II of III, Ellis Island-Statue of Liberty National Monument New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), 215-216; from 1897-1900, an annex to the Barge Office was turned into an inspection station for steerage passengers and two large houses on State Street fronting the Battery were leased for detention and hospital uses.

<sup>11</sup> Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office* (New York and Oxford: Oxford University Press, 2000), 201-202.

<sup>12</sup> Stakely, 38.

<sup>13</sup> Ibid., 40-41.

<sup>14</sup> Fitzhugh Mullan, *Plagues and Politics: The Story of the U.S. Public Health Service* (New York: Basic Books, 1989), 14.

especially in urban areas, and the evaluations reflect the expanding mission of the federal government in managing immigration and protecting the populace. The approach was both cautious and generous.

Although the new hospital provided a much needed service, it was too small to adequately serve the treatment needs of a growing immigrant influx, and offered no facilities for patients with communicable diseases such as measles, whooping cough, diphtheria, scarlet fever and non-acute forms of pulmonary tuberculosis.<sup>15</sup> In June 1902, Dr. George Stoner, the supervising physician at Ellis Island, began lobbying for additional hospital space and the construction of a contagious disease facility. In September, the urgency increased with the New York City Health Department's decision to eventually terminate its contract with Ellis Island for the treatment of immigrants with contagious diseases. William Williams, Commissioner of Immigration at Ellis Island, assisted his medical staff in their lobbying efforts by citing for Congress and senior immigration officials the numbers of seriously ill immigrants treated at Ellis Island. According to Williams as many as 400 to 500 people were seriously ill at any time on the island. Other sources stated that in one year more than 1,500 children had arrived with the measles or scarlet fever.<sup>16</sup>

In view of the New York City Health Department's announcement, the Department of the Treasury developed and implemented plans for the construction of a contagious disease hospital on a new island—Island 3. The new hospital, like the hospital on Island 2, would be operated by the U.S. Marine Hospital Service. In the late nineteenth century some U.S. Immigration Stations, including those at New York, Boston, Philadelphia and Baltimore were located near U.S. Marine Hospital Service quarantine facilities.<sup>17</sup> Such a hospital on nearby Hoffman and Swinburn Islands (off the coast of Staten Island) served merchant seamen and Ellis Island immigrant quarantine cases—those with typhus, the plague, yellow fever, cholera, leprosy or smallpox—but was unable to also care for immigrants with non-quarantinable contagious diseases such as measles and scarlet fever.<sup>18</sup>

In 1903, to facilitate the development of Island 3 and its hospital complex, the federal government began negotiations with New Jersey to acquire submerged land around Ellis Island, and Congress appropriated \$150,500 for the island's construction. However, due to legal uncertainties of title and right to build, Congress withheld funding until the issues were settled.<sup>19</sup> On November 30, 1904 the federal government received clear title to both Ellis Island (its

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<sup>15</sup> Department of Commerce and Labor, *Report of the Commission Appointed by the President on September 16, 1903 to Investigate the Condition of the Immigration Station at Ellis Island* (Washington, D.C.: U.S. Government Printing Office, 1904), 15. Immigrants with non-communicable diseases were treated at New York City area hospitals.

<sup>16</sup> Stakely, 48-49.

<sup>17</sup> Unrau, *Volume II*, 1984, 578 as quoted from the Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service, 1892, 34; and *Ibid.*, 1894, 23-24.

<sup>18</sup> The Hoffman Island facility served Ellis Island until the late 1930s when a new quarantine hospital was opened at Stapleton on Staten Island. Hoffman Island is a tiny land mass due southeast of Staten Island.

<sup>19</sup> Letter, F. P. Sargent to Commissioner of Immigration, Ellis Island, (24 September 1903), Folder - Estimates on Construction Hospital Island 1907, Pt. 1A, Box 36, Entry 9, RG 85, NARA I.

ownership had also been questioned by New Jersey in the suit) and the submerged land around it, clearing the way for the construction of Island 3 and the contagious disease hospital.

Located about 500 feet from Island 2, Island 3 was built of log cribbing filled with clean soil to specifications developed by Alfred Brooks Fry, Chief Engineer and Superintendent of Repair of U.S. Public Buildings at New York.<sup>20</sup> The island was originally to have been located about 800 feet from Island 2, but in consideration of issues that could arise with New Jersey over the island's placement, Commissioner Williams consulted with the U.S. Surgeon General to determine the appropriate distance for a contagious disease hospital and thus Island 3. He was advised that according to contemporary medical understanding of contagion, a maximum of 410 feet with 200 feet of clear water was ample to protect the facilities on Island 2 from the spread of disease. In addition, the Surgeon General advised that several small pavilions where diseases could be treated in isolation were preferable to a single building.<sup>21</sup>

In April 1905, construction began on the 800 feet long by 250 wide island. Digging a trench fifteen feet deep by thirty feet wide, the New Jersey Dock and Bridge Building Company filled it with "...more than 1.2 million cubic feet of cribwork and stones. The island was formed by filling behind the cribwork with approximately sixty thousand cubic yards of dredged material including 'cellar dirt, stones, clay, old masonry, etc.' and seventy thousand cubic yards of earth and a 'very excellent grade of sand obtained by dredging' near the island."<sup>22</sup> Finished in early 1906, the resulting island was 4¾ acres and increased the total mass of Ellis Island to 21¼ acres. It was connected to Island 2 by a wood gangway.

The contagious disease hospital for Island 3 was designed by the Treasury Department's Office of the Supervising Architect under the leadership of James Knox Taylor.<sup>23</sup> The Office of the Supervising Architect was responsible for the design, oversight and construction of all types of federal buildings including custom houses, courthouses, and post offices.<sup>24</sup> According to architectural historian Antoinette J. Lee, for decades this cohort of federal architects played an

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<sup>20</sup> Folder 51447/044, Part 3 - Construction, New Island, 1909, Box 36, Entry 9, RG 85, NARA I.

<sup>21</sup> Letter, U.S. Surgeon General to William Williams, (6 November 1902), Folder 51447/044, Pt 1, Box 36, Entry 9, RG 85, NARA I.

<sup>22</sup> Stakely, 51.

<sup>23</sup> Memo, L.O.M., Assistant Secretary to unidentified person (n.d.), Folder 51436/1-8B [1] New Contagious Disease Hospital at Ellis Island, Pt. 1, Box 34, Entry 9, RG 85, NARA I; W. Lane Van Neste, and Virgil E. Baugh. *Preliminary Inventory of the Records of the Public Buildings Service* (Record Group 121). (Washington, D.C.: The National Archives and Records Service, General Services Administration, 1958), 1-3. The Department of the Treasury was responsible for federal construction projects outside the District of Columbia, and in 1852 or 1853 the Construction Branch was organized within that agency. Early leadership was under Engineers-in-Charge. Although Supervising Architects were assigned to projects within the Construction Branch, the first Supervising Architect to head the Construction Branch was A.B. Mullett in 1865. At an unknown date the Branch was renamed the Office of the Supervising Architect. By 1889, the Office of the Supervising Architect was organized into nine divisions including one responsible for building repairs. Re-organizations of the Office of the Supervising Architect continued into the 1930s. In 1949, the General Services Administration was established to assume the responsibilities previously held by predecessor agencies.

<sup>24</sup> Lee, 3.

important role in molding a national building program through federal buildings “that serve[d] as the political and architectural anchors of thousands of communities nationwide.”<sup>25</sup> James Knox Taylor (1857-1929) was born in Knoxville, Illinois and attended schools in St. Paul, Minnesota. He completed two years of architectural training at the Massachusetts Institute of Technology. Thereafter he worked for architectural firms in New York City and Boston but by 1882 had opened his own office in St. Paul. In 1884 he went into partnership with Cass Gilbert. Taylor’s experience in running an architectural office and his administrative skills were assets and the firm of Gilbert & Taylor was successful, designing residences for prominent St. Paul clients. The partnership dissolved in 1892, and Taylor and his family moved to Philadelphia where he formed another partnership. The Panic of ’93 adversely affected the architectural profession and by 1895, Taylor had joined the staff of the Office of the Supervising Architect as a draftsman. In 1896 he was promoted to temporary principal draftsman, and when the position of Supervising Architect became available in 1897 he was selected, serving until 1912.<sup>26</sup>

Taylor’s plan for the new hospital utilized the then-popular hospital pavilion form which featured individual buildings for various treatment, administrative, and support functions all connected by covered corridors. This plan type originated in France during the late eighteenth century and became a standard hospital type in the late nineteenth and early twentieth centuries.<sup>27</sup> The pavilion form gathered patients with the same illness or diseases requiring similar treatment into individual wards. Inside, a ward typically included a large open room with beds placed between large windows to provide light and ventilation. The new contagious disease hospital included eight identical measles wards, three isolation wards, an Office Building, Mortuary, Kitchen, Administration Building, Power House, and Staff House, each as a self-contained unit. The covered but open sided, one- and two-story corridors visually and physically connected the wards and the other buildings in the complex, linking the component parts into an integrated facility. The corridors provided all-weather transfer of patients and ensured that meals arrived warm, and laundered bedding, towels and patient gowns were clean and dry.

The so-called measles wards were used for treatment of acute contagious diseases including measles, whooping cough, diphtheria and scarlet fever. The interior plan of Ward G and the other measles wards at Ellis Island closely follows the prescribed formula for pavilion-type hospital wards.<sup>28</sup> Early photographs of the wards on Island 3 show large open rooms with beds arranged between the windows and flowers gracing a centrally placed table. (Figure 8) The light, airy space and its hygienic conditions created a pleasing, comfortable environment which encouraged healing. Each ward also had a staff section which included a linen room, nurses’ duty room, bathroom and toilet area and other support functions. The nurses’ duty rooms abutted the large ward rooms and included a window to permit supervision of the patients and quick response to their needs.

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<sup>25</sup> Ibid., 3-4.

<sup>26</sup> Lee, 197-199, 215. After retiring as Supervising Architect, Taylor returned to private practice in Boston. He later moved his practice to Yonkers, New York and then retired to Tampa, Florida. See Henry F. Withey, and Elsie R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennessy & Ingalls, Inc., 1970), 592.

<sup>27</sup> Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital 1893-1943* (Minneapolis, MN: University of Minnesota Press, 2008), 9-10.

<sup>28</sup> Ibid., 11, 27.



The pavilion form developed during an era when medicine viewed contagious disease as the result of miasma—stagnant air.<sup>29</sup> To address this, pavilion plan ward design included abundant ventilation in the form of ample windows and doors. Ward care became not only the standard of care because of its ability to disperse miasma, but because it was the most economical method of institutional treatment for people who could not afford private, in-home care typical for the upper class. Although good air circulation was beneficial, it could not prevent the spread of contagion. Between the 1880s and the early 1900s, scientific advances in research and hygiene showed that microscopic organisms were the cause of contagious disease and infection.<sup>30</sup> As germ theory became widely accepted in the early twentieth century, the large, open ward spaces found in pavilion plan hospitals were modified into small, private and semi-private rooms where infectious patients could be isolated or grouped with others suffering from the same illnesses.<sup>31</sup> At the same time, an increasing number of laboratory tests for contagious disease developed and with this advance, diagnoses became more accurate. However, pavilion plan hospitals continued to be built in Europe and North America into the early 1940s.

Like the hospital complex on Island 2, the contagious disease hospital featured the Georgian Revival stylistic details, simplified here to be appropriate to the smaller scale pavilions. The Georgian Revival styling used for entire complex featured pebble and dash (stucco) wall surfaces detailed with red brick quoins and red brick keystones and springers. Limestone was used for window sills on all buildings and for modestly scaled, but well appointed, porticos on a few buildings, including the Office Building and Staff House. The use of red brick and limestone detailing played off the red brick walls and limestone features of the Island 2 hospital complex, providing a visual connection to those larger buildings.

Congress appropriated \$250,000 in 1905 for the contagious disease hospital, but that amount was insufficient to complete all the needed facilities. Opinions among immigration and medical officials and government architects, as well as congressmen, differed in regard to needed facilities and funding, but a primary goal was to build a complex capable of meeting medical needs for the foreseeable future and in so doing avoid the need for additions or extensions as had been required with the hospital complex on Island 2.<sup>32</sup> Discussions among immigration officials in 1906 expressed concern that to build piecemeal could jeopardize the facility's function. To stay within the approved amount of \$500,000, officials recommended eliminating luxuries, but not space or other necessities.<sup>33</sup> Despite these concerns funding was supplied in increments and ultimately increased.

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<sup>29</sup> Ibid., 10.

<sup>30</sup> Mullan, 32.

<sup>31</sup> Adams, 113. Although the private or semi-private room eventually became the norm, Adams notes that the poor continued to receive care in ward settings.

<sup>32</sup> Stakely, 64.

<sup>33</sup> Memo, F. H. Larned to Bureau of Immigration and Naturalization, (15 December 1906), Folder 51436/1-8A, Box 33, Entry 9, RG 85, NARA I.

The complex was built in three phases between 1907 and 1909. The first group of buildings was constructed under a December 1906 contract awarded to the North-Eastern Construction Co.<sup>34</sup> Completed in November 1907, this group included the Administration Building, the Kitchen, Power House and Laundry, and Measles Wards A, B and E.<sup>35</sup> The erection of Measles Wards C, D and G, Isolation Ward L, the Staff House, Mortuary and some corridors followed in a second phase. (Figures 9-12) Ward G was one of eight nearly identical wards, each constructed for \$30,663.60 by the North-Eastern Construction Co. of New York under a contract dated October 14, 1907.<sup>36</sup> Also included in this contract was construction for Wards C, D, L, the Staff House, the two-story corridor from the power house to Ward E, Ward F and Ward B to the south of Ward H and the utility pipe tunnel and trench that ran under the corridor.<sup>37</sup> However, the October contract included a budget and scope for only about half of the work program, and the government agreed to provide authorization for the remaining work within twelve months at the bid prices. Exactly what was included in the October 14, 1907 contract is not specified. The third phase saw construction of Measles Wards F and H, Isolation Wards I and K and the Office Building in 1908. In the spring of 1909, the contagious disease hospital was completed and contained seventeen buildings. However, the complex lacked equipment and furnishings, as well as a tie to electricity on Island 1 and these matters delayed its opening until 1911.<sup>38</sup>

The completion of the new contagious disease hospital fell within the peak years of immigration at Ellis Island - 1900 through 1914. The number of immigrants needing medical care rose in conjunction with the increase in immigration overall. More than one million people passed through the facility in 1907, and on April 17, 1907, 11,747 immigrants arrived at Ellis Island, the largest number in a single day.<sup>39</sup> The previous year 563 people were ill at Ellis Island and 1,990 immigrants had to be admitted to New York City hospitals for care due to lack of facilities.<sup>40</sup> At the new hospital physicians with the U. S. Marine Hospital Service were now better equipped to deal with their steady influx of new patients.

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<sup>34</sup> Unrau, 1981, 528-530.

<sup>35</sup> Letter, A.B. Fry to North-Eastern Construction Co. (n.d.), FF 51436/1-8D: New Contagious Disease Hospital, Ellis Island, North-Eastern Construction Co., Box 34, Entry 9, RG 85, NARA I.

<sup>36</sup> Contract, Folder 51436/1-8D: Contagious Disease Hospital at Ellis Island, Box 34, Entry 9, RG 85, NARA I.

<sup>37</sup> Contract, (14 October 1907), Folder 51436/1-8D, Box 34, Entry 9, RG 85, NARA I.

<sup>38</sup> Stakely, 65. It is interesting to note that contracts for the contagious disease hospital buildings, like many other government funded buildings of the time, did not include specifications for plumbing, electricity, heating or equipment and furnishings. These items were handled under separate contracts. In some cases this approach caused delays in completing buildings because installation of plumbing, electrical and heating systems is integral to efficient building construction. This situation may have been a relic of earlier periods when indoor plumbing was rare, heating was provided by fire places and stoves, and electricity unavailable.

<sup>39</sup> Unrau, *Volume I*, 1984, xix.

<sup>40</sup> Letter, Robert Watchorn, Commissioner of Immigration at Ellis Island to F. P. Sargent, Commissioner General of Immigration, (n.d.), Folder 51436/1-8B: New Contagious Hospital at Ellis Island, Part 1, Box 34, Entry 9, RG 85, NARA I.

After completion in 1911, fill was added around the first set of buildings erected, and a lawn planted. In 1912, additional landscaping was added to Island 3 in the form of a lawn on the north side of the island; the south exposure was not landscaped and remains so today.<sup>41</sup> Although concrete walks were planned for Island 3, they were not installed, and in 1913 cinder walks were substituted. Congress appropriated funds in 1914 to install windows in the two-story portions of the open corridors that linked Island 3 buildings. Windows and doors in the one-story corridors were probably also installed at this time.<sup>42</sup> Then the 1916 explosion event at Black Tom Wharf in Jersey City damaged most of the buildings on Islands 2 and 3. Windows were blown out of nearly every building and roofs, ceilings and even walls were damaged. About forty people were injured by flying glass; all but one were facility employees.<sup>43</sup> Repairs were made and completed by June 1917 at a cost of \$400,000.<sup>44</sup>

In 1914 the start of World War I in Europe significantly slowed immigration, and after the United States entered the war in 1917, immigration slowed even more. The number of people arriving at Ellis Island in 1915 was 178,416, but by 1918 only 28,867 immigrants passed through the facility's doors.<sup>45</sup> During that period Ellis Island was mainly used as a military hospital and detention and deportation facility for enemy aliens including German merchant seamen taken from ships in New York and Boston harbors when the United States entered the war.<sup>46</sup> In 1918-1919, while the U.S. Army occupied the hospital complex as a facility for wounded military personnel, the Army replaced the wood gangway between Island 2 and Island 3 with a covered wood walkway.<sup>47</sup> They also extended it along the western perimeter of Island 3.<sup>48</sup> During that time, immigrants needing care were placed in New York City area hospitals.<sup>49</sup> The majority of wounded military returning from Europe were processed through Ellis Island, the first World War I "debarkation hospital" established in the United States.<sup>50</sup> In 1919, the hospitals at Ellis Island were returned to the U.S. Public Health Service.<sup>51</sup>

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<sup>41</sup> Stakely, 65.

<sup>42</sup> NPS Drawing No. 462-43,912, Sheet 1 of 7, (21 March 1914), "Two-Story Corridors," and Sheet 6 of 7 (16 July 1914), "One-story Corridors."

<sup>43</sup> Unidentified newspaper article, (2 February 1916 [sic]), Reel 2, William Williams Papers microfilm, Archives and Manuscripts Section, New York Public Library.

<sup>44</sup> Unrau, *Volume III*, 1984, 772.

<sup>45</sup> Unrau, *Volume I*, 1984, 7.

<sup>46</sup> *Ibid.*, xx.

<sup>47</sup> Stakely, 65.

<sup>48</sup> Beyer Blinder Belle/Anderson Notter Finegold. *Volume 4, Part 3*, 437.

<sup>49</sup> Unrau, *Volume III*, 1984, 795.

<sup>50</sup> *Ibid.*, 796.

<sup>51</sup> The U.S. Marine Hospital Service provided care for merchant seamen and other related occupations in hospitals around the country. The U.S. Public Health Service also operated hospitals, including care facilities on Indian reservations, and provided other public health services.

Following World War I, officials at Ellis Island were charged with implementing changes in immigration law established by the Immigration Act of 1917, which included additional categories for exclusion of immigrants such as illiteracy and more extensive medical examinations. The anti-foreign concerns of the war years were replaced by fear of communism and expressed in the “Red Scare,” a period of hysteria in which suspected alien communists, anarchists, socialists and radicals were targeted for deportation. According the National Park Service historian Harlan Unrau, “hundreds of suspected alien radicals were interned at Ellis Island and many were deported under new legislation based on the principle of guilt by association with any organization advocating revolution.”<sup>52</sup>

In the early 1920s, immigration declined again as a result of new federal legislation. This legislation limited annual immigration and established quotas based on a percentage of each group resident in the United States in 1910; the percentage was later revised to figures for 1890.<sup>53</sup> Because of rising literacy in Europe, the requirement that immigrants be literate in some language, instituted in 1917, rapidly became ineffective as a means to curb immigration. The new quota system proved more effective.<sup>54</sup> The legislation of the early 1920s also stipulated that immigrants obtain a visa in their home country through examination at American consulates so that those found to have contagious diseases, physical handicaps, mental illness or “feble-mindedness” could be barred from departure and spared the expense of travel only to be turned away at Ellis Island. This process resulted in far fewer people arriving at Ellis Island, and transport to the facility was needed only for those requiring medical assistance or who were being detained for some other reason.<sup>55</sup> Because of declining immigration by the mid-1920s, Ellis Island was “...rapidly losing the basic function for which it had been created—the primary examination and processing of immigrants.”<sup>56</sup> Most immigrants were “pre-processed” before leaving home with final checks conducted on board the ships.

During this period, many of the oldest buildings needed maintenance and repair due to heavy usage. In addition, changing ideas about the need for exercise and recreation by both immigrants and staff members spurred interest in constructing more recreational facilities. In 1923, the Bureau of Immigration unsuccessfully requested more than \$2.5 million for a new seawall, recreational facilities, and infill of the water between Island 2 and Island 3. The next year President Calvin Coolidge requested \$300,000 from Congress for this work, but only received partial funding. With the new funds, infill of the space between Island 2 and Island 3 began, although it was not finished until the 1930s. Various repairs and upgrades were made to buildings including plumbing and electrical changes and some room partitioning in Ward G.<sup>57</sup> By 1924, the first floor of Ward G (now known as Ward 11) had been divided into nine rooms

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<sup>52</sup> Unrau, *Volume I*, 1984, 8.

<sup>53</sup> Unrau, *Volume I*, 1984, xx.

<sup>54</sup> Thomas M. Pitkin, *Keepers of the Gate: A History of Ellis Island* (New York: New York University Press, 1975), 38.

<sup>55</sup> Of course not all such cases were identified and need for examinations and medical assistance at Ellis Island continued.

<sup>56</sup> Unrau, *Volume III*, 1984, 896.

<sup>57</sup> Stakely, 77.

and contained twenty-nine beds for pneumonia, whooping cough and measles patients; the second floor ward (Ward 12) remained open with 30 beds devoted to those with measles.<sup>58</sup> At this time, to accommodate the new interior ward arrangement, the first floor window on the north façade was altered into a doorway. This conversion allowed alternative access to and from this pavilion and the new infill courtyard.

With the smaller number of immigrants treated at the hospitals on Ellis Island, those facilities had room for non-immigrant patients. Beginning in 1926 physicians at Ellis Island began intensive examination of alien merchantmen taken from both American and foreign vessels. Within the first month, 48,031 sailors were intensively examined and 209 sent to Ellis Island for testing and diagnosis. Federal legislation required that those with communicable diseases be confined to a hospital for the duration of their ship's stay in port, which led to hospital overcrowding, despite the limited number of immigrants. The U.S. Marine Hospital on Hoffman's Island was the designated merchant marine hospital for New York, but Ellis Island handled the overflow, resulting in a greater number of seamen patients than immigrants.<sup>59</sup> By 1928, the first floor ward area was redesigned into six rooms (see Figure 6). Patients with the same illnesses were likely grouped in each of these rooms, thus reducing the threat of cross infection—for example, from a patient with the measles to another with scarlet fever. These alterations reflected changing standards of medical care in this period.

Also during this period, the contagious disease facility treated tuberculosis patients from New York City's general population; by 1930, 254 tuberculosis patients had been sent to Ellis Island. Although there were many empty beds at the start of this program, additional space was soon needed. To accommodate the new patients, the second floor corridors of some Island 3 buildings were used for ward care, adding an additional 40 beds to the facility.<sup>60</sup> These beds were likely adjacent to the three isolation wards at the southeast end of Island 3.

After the stock market crash in October 1929, economic opportunities in the United States were limited, and President Herbert C. Hoover instructed American consuls to strictly apply rules preventing the immigration of people likely to become public charges. Further, Secretary of Labor William N. Doak organized "...a national roundup of illegal aliens for prospective deportation and transferred many of them to Ellis Island."<sup>61</sup> The roundups were sensationalized by the press, leaving the impression that illegal aliens were dangerous or subversive, and stirring the kettle of anti-immigrant feelings toward legal immigrants.<sup>62</sup>

In 1931, perhaps as a counter action to the xenophobia displayed by some American authorities, the press and a portion of the public, Edward Corsi became Ellis Island's new

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<sup>58</sup> Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument: Historic Structures Report, Units 2, 3 and 4, Volume 4, Part 3* (U.S. Department of the Interior, National Park Service, 1986), 396. By 1915, Ward 13 was divided into smaller rooms and it is possible a similar change was made to Ward 11 by that date.

<sup>59</sup> *Ibid.*, 920.

<sup>60</sup> Unrau, 1981, 290, as referenced from the *Surgeon General's Annual Report*, 1930.

<sup>61</sup> Unrau, *Volume I*, 1984, 9.

<sup>62</sup> Unrau, *Volume III*, 1984, 930.

Commissioner of Immigration, remaining in that post until 1934. Corsi was himself an immigrant who had come through Ellis Island in 1907. His professional life involved extensive social service work among New York City immigrants. A major emphasis of his time as commissioner at Ellis Island was to humanize the immigrant experience and make the facility an “inspiration” to both Americans and to immigrants.<sup>63</sup>

When President Franklin D. Roosevelt took office in 1933, new programs and new funding sources were established to create jobs, construct public buildings, and support social and economic development. Known as the New Deal, these programs included funding under the National Recovery Act from sources such as the Public Works Administration (PWA) and the Works Progress Administration (WPA). The Department of Labor supervised immigration at this time and new Secretary of Labor Frances Perkins formed a 52-member nonpartisan citizen committee to analyze the conditions, operations and facilities at Ellis Island. The goal was to improve the physical plant and the immigrant experience and evaluate immigration law with a view toward fairer and more effective rules.

Corsi worked closely with the committee and many of his ideas were incorporated into the committee’s March 1934 report to the Secretary of Labor.<sup>64</sup> Among the recommendations implemented were adding lawn and shelters in the infill area between Island 2 and Island 3 and construction of a new immigration building to receive incoming immigrants. Significant to Measles Ward G, the Committee suggested alterations to the Main Immigration Building, the nearby Baggage and Dormitory Building, and other related buildings including Ward G, to better segregate the types of deportees being processed and housed there.<sup>65</sup> While some deportees were criminals, others were ill or had other medical issues, and some had found that they could no longer make a living in the United States within the economy of the Great Depression.<sup>66</sup> Corsi recalled in his memoirs that in 1932, for the first time in more than a hundred years, more people left the United States than entered it.<sup>67</sup> Other recommendations included construction of a new brick “fire-proof” ferry building, a new recreation building and verandas on tuberculosis ward buildings.<sup>68</sup> Ellis Island would receive \$1,151,800 from the PWA for these projects.<sup>69</sup>

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<sup>63</sup>Stakely, 79.

<sup>64</sup> Edward Corsi, *In the Shadow of Liberty* (New York: Arno Press and the New York Times, 1969), 310.

<sup>65</sup> Report on the Sub-Committee on Buildings, Grounds, and Physical Equipment for Ellis Island, (13 September 1933), Folder 330 - WPA Projects 1933-1937, Box 16, Record Group 79 - Records of the National Park Service, NARA - Northeast Region, New York City (hereafter RG 79, NARA – NE Region).

<sup>66</sup> Stakely, 79, 81.

<sup>67</sup> Unrau, *Volume III* 1984, 935.

<sup>68</sup> *Report of the Ellis Island Committee*, (March 1934), 13-17.

<sup>69</sup> *Report of the Ellis Island Committee*, (March 1934), 14-15. Support structures also were built including recreation shelters, verandas on the tuberculosis wards and enclosed brick corridors on Island 2 and Island 3, among other projects. Funding for these projects came from WPA sources in the amount of \$1,422,980, and all emphasized providing a welcoming, comfortable, practical experience for the immigrant.

In 1936, Ward G and the other wards on Island 3 were extensively remodeled; Ward G was reconditioned for use as a detention facility. Many of the other wards were renovated as psychological observation buildings. Drawings for these modifications were prepared by the Public Works Branch of the Treasury Department, under the direction of Louis A. Simon, Supervising Architect (see Figure 7). At that time, both ward areas of Ward G were divided into small, private rooms and the building received new steel frame windows and steel doors, new lighting fixtures and linoleum flooring at a cost of \$20,852.<sup>70</sup> On the exterior of Ward G, 1936 alterations focused on the north elevation. The second floor north elevation window was converted into a door, two new windows were added, and metal fire escape was installed. On the interior, the Ward 11 (first floor), was modified into ten private rooms with sinks. Ward 12 (second floor) was partitioned into ten such rooms with a small toilet room. A large common room was located at the north end of each floor. New plumbing, wiring and light fixtures, flooring, and windows and doors also were installed. The current plan of Measles Ward G reflects the changes made during this period.

In 1945 plans were drawn for the renovation of buildings on Island 2 and Island 3 into "...detention facilities for detained alien women and alien family groups with up to four children under ten years of age."<sup>71</sup> However, no structural changes appear to have been made to Ward G at that time. Following World War II, Ellis Island again processed and treated sick or injured immigrants as well as detainees and deportees. On March 1, 1951, the U.S. Public Health Service closed the now obsolete hospitals on Island 2 and Island 3 due to the declining number of patients. They maintained a small infirmary for detainees in the main immigration building on Island 1.<sup>72</sup> On November 12, 1954, Ellis Island closed, and both immigration and Coast Guard operations ceased. Equipment and fixtures, including plumbing, were removed from many buildings and distributed to other federal entities including border patrol offices, federal prisons, the Public Health Service, the military and the General Services Administration.<sup>73</sup> From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease Ellis Island.<sup>74</sup> After several unworkable proposals, the island was placed under the jurisdiction of the National Park Service and on May 11, 1965, President Lyndon B. Johnson issued Proclamation 3656 adding the island to the Statue of Liberty National Monument.<sup>75</sup>

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<sup>70</sup> Folder 164, ca. 1936, Box 7; and Folder 154 - Wards 11-32 Reconditioning, 1936, Box 7, RG 79, NARA – NE Region. The 1936 alterations to and reconditioning of the measles wards and isolation wards on Island 3 was budgeted at \$192,000. See List of Approved Projects At Ellis Island Included in the Public Works Program Under the National Recovery Act (n.d.), p. 1, Folder 330 - WPA Projects, 1933-1937, Box 16, RG 79, NARA – NE Region.

<sup>71</sup> Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume III of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey* (U.S. Department of the Interior, National Park Service, 1984), 843.

<sup>72</sup> Stakely, 92.

<sup>73</sup> Unrau, *Volume III*, 1984, 1002.

<sup>74</sup> U.S. Senate, 89<sup>th</sup> Congress, 1<sup>st</sup> Session. *Report No. 306. Disposal of Ellis Island*. (Washington, D.C.: U.S. Government Printing Office, 1965).

<sup>75</sup> Unrau, *Volume I*, 1984, 11.

## II. ARCHITECTURAL INFORMATION

### A. General Statement:

1. Architectural character: Measles Ward G is a two-story, hipped roof Georgian Revival style building projecting from and attached to the rest of the contagious disease hospital complex. The same design was used for all eight measles wards on Island 3. This building features exterior pebble and dash (large aggregate) stucco walls and red brick quoins above a red brick soldier course water table and dressed granite block base. It is also characterized by symmetrical fenestration patterns and central entries on the north and south elevations. The side (east and west) elevations are divided into nine bays with the last three bays located in slightly projecting offsets. Fenestration patterns along the east and west elevations indicate the location of the large open ward areas, while the change in roof form and the offset walls identify staff rooms. Inside, both floors feature a central corridor flanked by patient and staff rooms. While the building's original central corridor plan remains intact, its interior was modified at least three times—in 1924, 1928 and 1936—with the partitioning of the large ward rooms into smaller ones. The exterior of Ward G retains much of its original exterior design and materials, but the interior reflects the 1936 spatial and material changes.

2. Condition of fabric: Fair. Interior plaster, wood flooring and linoleum and steel window elements as well as wiring and plumbing systems and some fixtures are deteriorated. Windows and doors in the building currently are enclosed with plywood or particle board sheeting containing small plexiglass windows and louvered metal vents. The building is vacant.

### B. Description of Exterior:

1. Overall dimensions: 98'-1" x 31'-1"

2. Foundations: The building is raised approximately four feet above grade on a dressed granite block base, topped by several feet of red brick laid in common bond and capped with a brick soldier course water table. Cast iron crawlspace doors pierce the brick water table on the east and west elevations. The crawlspace was not accessed.

3. Walls: Exterior walls are pebble and dash (large aggregate) stucco applied over load bearing brick, detailed with red brick quoins. A horizontal rectangular recessed spandrel panel is located between each set of upper and lower windows. A flat brick cornice encircles the building just below the roof junction.

4. Structural system: The building rests on a system of reinforced concrete pilings, footings and beams. Walls in Ward G and the other seven measles wards are load bearing brick and hollow clay tile. The roof utilizes a system of wood beams and rafters.<sup>76</sup>

5. Porch/Stoop: A set of concrete steps defined by low concrete balustrade walls was added in 1924 and accesses the entry on the north elevation. A ghost outline the no-longer extant fire escape is on the front of the building.

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<sup>76</sup> NPS Drawing No. 462/43,902B, Sheet 3 of 13, (18 August 1906), "Measles Wards Roof Plan."



6. Chimneys: None

7. Openings:

a. Doorways and doors: The building's original primary façade was the south elevation, which connects with a two-story corridor that links all ward buildings in the Island 3 hospital complex. Since the modification of the first floor window into a door in 1924, the north elevation became the closest entry to other island buildings. At that time the north elevation may have replaced the south elevation as the primary entry.

Ward G has two original exterior doorways on each level of the south elevation for access from the exterior corridor to the building's central hallway. A third original doorway provides entry from the connecting exterior corridor directly into the stair hall. The doorways have steel doors pierced with small square fixed pane windows set within steel reveals and plain steel surrounds. Thresholds are concrete and metal. The wider than normal width of the doors into the building's central hallway reflects the opening size, which originally contained two-leaf wood and glass panel doors. Above the doorways the original pebble and dash segmental arches with brick red brick keystone and springers are barely visible. The stair hall doorway is hung with a one-leaf steel door set within a steel reveal and surround. The damaged threshold is concrete.

The north elevation is pierced by two one-leaf doorways created by modifying original window openings. The first floor doorway was created in 1924 and is now hung with a one-leaf steel door with a square fixed pane window set in a plain wood reveal with plain cove trim. Hinge holes suggest a screen door was present at one time, but it is no longer extant. The threshold is waffle-patterned iron over concrete. Above the door is a small rectangular louvered metal vent containing a metal pipe stub, which may have held a light fixture. A similar steel door is located directly above the first floor door in another modified window opening. The second floor doorway retains its original pebble and dash segmental arch, red brick keystone and springers. A louvered metal vent pierces the wall between the second floor doorway and the segmental arch. A metal fire escape was added in 1936 connected the north elevation doors. It is no longer extant. All exterior doors date to the 1936 renovations.

b. Windows: Each side elevation is divided into nine bays, each containing a first and second floor window. The rear three bays are in the slightly projecting building offset at the south end of the building and they delineate the staff and support rooms and stairwell area. The original plans for the east and west elevations called for two over two double hung wood sash windows. First floor and second floor windows rest on limestone lug sills, while second floor windows are topped with segmental pebble and dash arches detailed with red brick keystones and springers. Original plans for the north elevation specified three-part double hung sash wood windows, with the same lintel, spandrel and sill treatment as the east and west elevations. No windows were originally included in the south elevation, which is adjacent to the covered corridor.

Extant windows are 30/30 steel frame double hung sash types set in pebble and dash reveals and resting on limestone lug sills. Second floor windows are topped by segmental pebble and dash arches with red brick keystones and springers. One centrally placed

window was originally present on the first and second floor of the north elevation; the first floor window was modified into a doorway in 1924 and the second floor window changed to a doorway in 1936. The 1936 plans also called for two new window openings flanking the first floor doorway. All existing windows appear to have been installed in 1936 as replacements within original, but slightly modified, openings. The north elevation windows appear original to 1936. All building windows are covered with temporary plywood or particle board sheeting containing small plexiglass windows and louvered metal vents.

8. Roof:

a. Shape, covering: The hipped roof is covered with the original, red clay tile and is detailed with raised tile ridgelines. The roof telescopes to a slightly lower level over the ward area of the building. Temporary PVC gutters and downspouts channel water from the roof. A large copper ventilator sits atop the south sloping portion of the roof.

b. Cornice, eaves: Open, wood eaves, detailed with attached, non-structural, carved rafter ends. Eave trim is masked by round bottom copper gutters attached to temporary PVC downspouts. Remnants of the original roof drainage system remain in two round cast iron downspouts located in the ground near building corners.

c. Dormers: None

C. Description of Interior:

1. Floor plans: See measured drawings HABS No. NY-6086-L for complete plans of this building. The two-story Ward G and its seven, two-story sister measles wards were built from a single plan. Each ward building was modified over time to support changing uses; Ward G has sustained the largest number of changes. Ward G's interior space is arranged around a central corridor oriented on a north-south axis terminating at each end in entry doors on both floors. Originally, the south elevation provided the only entries into the building, which were accessible from the abutting south elevation two-story covered corridor. An interior stairway located at the southwest end of the building is directly accessible from the covered corridor on the first floor or from the interior central hallway on both the first and second floors.

Interior space is divided roughly into one-third for staff and support room areas and two-thirds for patient care. Reflecting the original plans, the first and second floors include seven staff support rooms flanking the center hall at the south end of the building. These are a former kitchen, linen room, utility room, bathroom, toilet room, nurses' bedroom and a duty room. Each floor had a large open ward area designed for fourteen beds on each level. By 1924, the first floor ward was subdivided into nine smaller rooms; by 1928 it was remodeled into six rooms. In 1936, the six rooms were modified into ten small rooms with sinks and one north-end common room. At this same time, the second floor ward was converted into ten small rooms with sinks, a small toilet room and one north-end common room. Toilet rooms adjacent to the duty rooms on each floor were created out of portion of the linen rooms. The building retains the 1936 division of space.

2. Stairways: An open well stairway with quarter-pace landings is located in a stairwell room at the southwest corner of the building. The concrete stair carriage (possibly with cast iron underneath) of tinted concrete treads is set on plain concrete risers and features an iron

balustrade with a wood banister. There is a simple curtail step at the first floor. A heavy gauge wire barrier screen that dates to the 1936 renovations is installed on the upper portions of the balustrade. The stairway is accessed from the south elevation covered corridor adjacent to the first floor, and from the building's center hall on the second floor.

Small closets are adjacent to the staircase on the first and second floors. These spaces originally contained a dumb waiter.

3. Flooring: The first and second floors of Ward G have poured concrete or rough granite block subflooring that may incorporate metal reinforcement and wood joists. The subfloor is covered by original wood planking. In most areas of the building, the wood flooring is topped with sheet linoleum installed in 1936. Floors in the bathrooms, toilet rooms and utility rooms are finished with white hexagonal ceramic tile, installed in 1934. Where visible, the wood planking is deteriorated. Linoleum flooring is cracked and deteriorated. The tile in most bathrooms is in good condition. Temporary plywood sheeting is present over portions of deteriorated flooring.

4. Wall and ceiling finish: Walls and ceilings throughout the building display plaster applied over hollow clay tile; the central building corridor ceiling includes three plaster finished concrete beams. Acoustic tile over plaster is present on the ceilings of the central hallway and the end rooms. In most rooms, some peeling or alligatored paint, mold, plaster patches and spalling are visible. The walls and ceilings of most rooms were modified in 1936 when original wood doors and windows and their moldings were removed and the walls and ceilings wholly or partially replastered to accommodate the changes to those openings. Typical extant plaster wall treatments include coved ceilings; some rooms have right-angled wall and ceiling junctions. Original wall mounted cabinets in some staff and support rooms were removed at an unknown time. Painted 2½ inch tall coved wood baseboards probably dating to the 1936 modifications are present throughout.

Bathroom walls are finished with white ceramic subway tile to about three-quarters of wall height. Plaster completes the upper wall surfaces. Coved subway tile is used at the junction of floors and walls. Plaster wall areas in the bathrooms may have been resurfaced to accommodate 1936 modified windows and doors in those rooms. Some plaster walls contain holes where now removed sinks, cabinets or shelving were formerly located. Wood fire extinguisher brackets are mounted on walls in a few places in the building. The utilitarian finishes reflect the building's uses and sanitation concerns.

5. Openings:

a. Doorways and doors: Doorways are finished with a variety of materials reflecting the building's modifications, but most doors appear to date from the 1936 renovations. Plain steel reveals and surrounds are typical doorway treatments for the building's private rooms and around the doors leading from the south elevation corridor into the building and into the stairwell. The private rooms are enclosed with steel doors pierced by square fixed pane windows topped by narrow, horizontal, steel framed glassless transom openings; one door has no transom section and another has no square window. Doorways in the staff and support section are finished with three treatments: quarter-round wood molding with narrow beaded wood surrounds; plain wood reveals within plaster cased openings; or plain wood reveals and trim within recessed or slightly recessed openings. Doors in the staff portion of the building include historic, but probably not original, five-panel wood doors;

steel doors with small, square, fixed-pane windows; steel doors with louvered vents at the tops and bottoms. Thresholds are wood, metal and marble.

Hallway openings between the staff areas and the private room portions of the building originally were enclosed with two-leaf five-panel doors. Currently, first and second floor doorways each feature two openings. The southerly most opening on the first floor has cased plaster walls and lacks doors, while the northerly most features an original, or near original, one-leaf, two-panel, wood and pebble glass door framed by wood frame fixed pane side lights and wood panel sections; one side light has pebble glass. Atop this doorway are two, wood frame transoms with pivot windows. The southerly most opening in the second floor hallway is plaster cased and lacks doors. The northerly most opening has a steel surround and metal door.

b. Windows: The original wood frame two over two double hung sash windows were replaced in the 1936 renovations with 30/30 double hung sash steel frame windows placed within the original openings. The windows in the toilet rooms adjacent to the nurses' rooms on both floors now share their 30/30 light window with the adjacent kitchens. Bathroom and toilet room windows contain pebble glass as do most private rooms on the second floor. Windows in staff and support rooms retain clear glass. To accommodate the steel frame windows, wide, sloping steel slip sills and coved steel surrounds and plain narrow reveals were installed. Bathroom sills are projecting marble and may be original; one second floor bathroom has a flat steel sill. The second floor linen room contains a steel frame fixed pane hopper window and the utility rooms each have a wood casement window that opens onto the adjacent bathrooms.

Original plans specified interior windows between the nurses' duty room and the open wards. These windows were removed, or possibly enclosed within new wall partitioning, during the 1936 renovations.

6. Decorative features and trim: Original wood cabinets remain in some staff and support rooms including the second floor linen room. The first floor kitchen cabinets have been removed and the plaster walls patched. A few rooms include a variety of small, non-original wood shelves. The first and second floor toilet rooms feature marble stall partitions supported by metal frames, which were installed in 1934. Wood, two-panel privacy doors remain on first floor stalls.

7. Hardware: Brass or bronze hinges, latches, door pulls, door hardware and locks, metal door kickplates and attached steel window pull handles from the 1936 renovations remain in the building. Door hardware on toilet stall partitions may be aluminum. Aluminum towel racks and soap dishes are in some private rooms in association with wall mounted sinks.

8. Mechanical equipment:

a. Heating, ventilation: Three sizes of metal radiators are located in the building. Each room has at least one radiator, while corridors have one or more. Some radiators may be original to the 1907 construction date, but most were probably installed as replacements over time. Electric heaters with decorative metal grilles are located in the walls of first floor and second floor bathrooms.

b. Lighting: In 1924, electrical panel boards and some wiring were upgraded the first floor ward area (Ward No. 11).<sup>77</sup> Plans for new electric lines were drawn in 1931, and installed in 1932.<sup>78</sup> The work included new oval ceramic wall sconces and ceiling fixtures with glass shades. Ceiling mounted electric light fixtures feature ceramic, glass or metal shades supported by metal brackets. Lighting fixtures were replaced during the 1936 renovations, including single bulb round ceramic wall sconces and single light ceiling fixtures with glass or metal shades.<sup>79</sup> Ceiling fixtures in five second floor rooms are covered by heavy gauge wire cages. Metal light switch plates feature push button or lever mechanisms; sconces operate with metal pull chains or cords. A six button light switch is located in the second floor corridors; most other switches are single units. Electric plugs are located in the lower walls of building rooms and include a round plate type that probably dates to the building's construction, and a later square plate type that likely was installed in 1936. Metal electrical panel boxes of unknown date, but probably installed in 1936 or thereafter, are located on the east wall of the first and second floor corridors.

c. Plumbing: In 1923, plumbing lines, including salt water mains used to flush toilets on Island 3, were replaced.<sup>80</sup> This work also may have included replacement of some existing plumbing fixtures and the installation of specialized water valves that may have been used to control bath temperatures as part of patient care. In 1932-1933, plumbing fixtures and fittings were replaced.<sup>81</sup> In 1934, new marble, tile and toilet partitions were installed by contractor A. Blaustein of New York.<sup>82</sup>

Most existing toilet room fixtures probably date to the 1936 renovations, excepting the single leg porcelain sinks in some rooms. These probably date to the 1920s. Typical sinks are wall mounted porcelain types with metal faucets. Sinks in the first floor toilet room are disconnected and stored on the floor. A porcelain kitchen sink with an integral porcelain drainboard and a deep porcelain sink are found in building staff rooms. Although each floor had a utility closet with a slop sink, neither sink is extant. Porcelain round bowl and elongated bowl toilets with white or black wood seats are typical in building bathrooms. A few private rooms also have elongated bowl toilets. No bathtubs remain in the building. Cast iron and galvanized pipes and fittings serve the bathroom fixtures and other sinks, and protrude from walls and floors where fixtures have been removed. Other galvanized and cast iron pipes of unknown use protrude from interior walls in various locations.

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<sup>77</sup> NPS Drawing No. 462/43,918, Sheet 1 of 1, (5 June 1924), "Repairs, Alterations and Additions for Electric Wiring and Safety Panel Boards, Island 1 and 3."

<sup>78</sup> Drawing No. E-1198, "Electrical Installation, Island No. 3," 1931; Drawing No. E-1203, "Electrical Installation, Island No. 3," 1931.

<sup>79</sup> Drawing No. 326-D, "Miscellaneous Lighting Fixtures," 1936.

<sup>80</sup> NPS Drawing No. 462/43,917, Sheet 1 of 6, (4 May 1923), "Renewal of Plumbing System and Installations, Island No. 3," and Unrau, 1981, 539.

<sup>81</sup> Unrau, 1981, 555.

<sup>82</sup> Ibid., 560.

Bathrooms (tub rooms) located on both floors in the staff portion of the building include built-in metal cabinets containing various pipes and fittings. Leonard Hydriatic Suite metal cabinets, Serial No. H 39437, are in the first and second floor bathrooms. While only pipes and fittings remain in the first floor cabinet, the second floor cabinet contains a round gauge labeled American Recorder Consolidated Ashcroft Hancock Co. Inc., Bridgeport, Conn. (Patent Nos. 1,716,899; 1,433,985; 1,906,514). Also in the cabinet is a Leonard Hydriatic Valve made by Leonard-Cooke Co., Providence, R.I., Model No. H Serial No. 39, and four dry cell batteries with attached wiring. These elements are part of a water valve system that mixed water at specific temperatures for water baths. This system probably was used to reduce high fevers in patients with scarlet fever, pneumonia and other illnesses.

d. Other: A wood wall mounted alarm box is near the southwest corner of the second floor corridor. A metal telephone switch box of unknown date, but likely pre-1935, is located in a staff duty room. Heavy gauge wire cages are mounted over a window and radiator in one second floor room. A switch at the top of the stairwell into the main second floor corridor resembles a doorbell, and may have served that function after the building housed detainees.

D. Site:

1. Historic Landscape Design: Ward G is near the southwest corner of Island 3 between the Office Building to the west and Ward C to the east. Historic photographs show the building surrounded by open, grassy space. Mature sycamores and other trees now are found around Ward G and other Island 3 buildings enhancing the park- like setting of the pavilion plan contagious disease hospital.

2. Corridors: A system of one- and two-story, open sided, corridors built contemporaneously connects all the buildings in the hospital complex on Island 3.<sup>83</sup> These corridors originally lacked windows or doorways. In 1913, under the Sundry Civil Expenses Bill for the year ending June 30, 1914, Congress appropriated \$28,000 for enclosure of existing open corridors with “glass”—windows and doors—in the contagious disease hospital complex and the work is thought to have been undertaken in 1914.<sup>84</sup> A two-story corridor segment is adjacent to Ward G on its south elevation and provides covered access to other hospital buildings. This segment, now identified as section C9B, has a hipped red clay tile roof that interconnects with the hipped roof of Ward G, pebble and dash stucco walls detailed with a brick water table and a sloping brick soldier course cap set on a dressed granite block base. Floors and ceilings are concrete, and small, round metal drains provide egress for rainwater. The corridor walls are divided into three bays each pierced with large openings topped by flat pebble and dash arches and supported by poured concrete bulkheads detailed with double, recessed panels. Each story has three four over four steel frame pivot windows located within a larger frame of 24 fixed pane lights. These windows are consistent with corridor modification plans drawn in 1914.<sup>85</sup>

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<sup>83</sup> Based on a 1909 site plan for Island 3, the one-story corridor linking the Office Building, which is west of Ward G, with the other corridors appears to have been built between 1909 and 1914.

<sup>84</sup> NARA, Washington, D.C. Record Group 85, Records of the Immigration and Naturalization Service, 52517/001-52531/015, Box 620.

<sup>85</sup> NPS Drawing No. 43,912, Sheets 1-7, (12 March 1914). “Inclosing [sic.] Corridors.”

Glass in these windows is largely broken or cracked; a few panes remain intact. A fourth window bay located in the corridor east of its attachment to Ward G is part of the corridor hyphen between Ward G and Ward C to the east. The corridor originally included piers topped with corbelled brick caps that are now incorporated into the pebble and dash exterior walls. A low balustrade detailed with red clay tile also was present. These alterations were made at an unknown time, but probably in 1914 when the windows were installed.

The first floor west elevation of the Ward G corridor is pierced by a doorway enclosed with a two-leaf, one-panel wood and glass door set in a plain wood surround and reveal. Evidence of screen doors are present in the outlines left by hinge and hook elements. Flanking the door are fixed pane sidelights set atop beaded wood panels. One sidelight is boarded up, and the other is enclosed with privacy glass. A set of three fixed pane transom windows are above the doorway. The east elevation of the first floor corridor has no doorway and is contiguous with the connecting corridor to the east. The west elevation of the second floor corridor ends with tandem three over three steel frame pivot windows located within larger steel frames of twelve fixed pane lights. Heavy gauge wire screens cover two pivot window sections; other such screens are stored on the corridor floor. The east doorway of the second floor corridor is enclosed with a wide steel door in a steel surround. This door encloses a two-leaf door opening that originally may or may not have been hung with a two-leaf wood door. The first floor of the corridor adjacent to Ward G attaches to the west end of the corridor accessing the other contagious disease wards to the east. The west end of the corridor adjacent to Ward G attaches to the one-story corridor leading to the Mortuary and Office Building. The second floor corridor terminates at the west end of its attachment to Ward G; metal radiators are present there.

### III. SOURCES OF INFORMATION

A. Architectural drawings: A computerized Drawings Index System for all types of Ellis Island architectural and engineering drawings is located at the U.S. Department of Interior, National Park Service, Denver Service Center. Many historic drawings are digitized and available at <http://etic.nps.gov>. The drawings most useful in preparing this report were:

NPS Drawing No. 462/43,901, Sheet 1 of 1, 1906, "Contagious Disease Hospital" [site plan]  
NPS Drawing No. 462/43,902B, Sheets 1 - 13, "Measles Wards," [original plans, elevations, sections, details] (18 August 1906)  
NPS Drawing No. 462/43,912, Sheets 1&2 of 7, "Inclosing [sic.] Corridors," (12 March 1914)  
NPS Drawing No. 462/43,918, Sheet 1 of 1, "Repairs, Alterations and Additions for Electric Wiring and Safety Panel Boards, Island 1 & 3," (5 June 1924)  
NPS Drawing No. 462/43,920 Sheet 2 of 2, "Hospital Buildings, Island 3" (21 May 1928) [floor plans]  
Public Works Branch, Treasury Department, Drawing No. 10-4, "Second Floor Plan (Ward No. 12) and First Floor Plan (Ward No. 11)," (24 April 1936)

B. Early Views: Several construction photographs of Measles Ward G are located in the collections of the Still Picture Branch, National Archives and Records Administration (NARA), College Park, MD. They are found in Record Group 121-BCP, Records of the Public Building

Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954. General views of the contagious disease hospital are found in Record Group 90-G, Records of the Public Health Service. Selected specific views are reproduced and identified below.

C. Bibliography:

*See notes for a listing of relevant archival materials from Record Groups 79 and 85 at the National Archives and Records Administration in New York City (Northeast Region) and Washington, D.C.*

1. Primary and unpublished sources:

Beyer Blinder Belle/Anderson Notter Finegold, Architects and Planners. *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 2. U.S. Department of the Interior, National Park Service, 1986.*

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2. Secondary and published sources:

Adams, Annmarie. *Medicine by Design: The Architect and the Modern Hospital, 1893-1943.* Minneapolis, MN: University of Minnesota Press, 2008.

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Lee, Antoinette J. *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office.* New York and Oxford: Oxford University Press, 2000.

Mullan, Fitzhugh. *Plagues and Politics: The Story of the U.S. Public Health Service.* New York: Basic Books, 1989.



Pitkin, Thomas M. *Keepers of the Gate: A History of Ellis Island*. New York: New York University Press, 1975.

U.S. Department of Commerce and Labor. *Report of the Commission appointed by the President on September 16, 1903 to Investigate the Condition of the Immigrant Station at Ellis Island*. Washington, D.C.: U.S. Government Printing Office, 1904.

U.S. Senate, 89<sup>th</sup> Congress, 1<sup>st</sup> Session. *Report No. 306. Disposal of Ellis Island*. Washington, D.C.: U.S. Government Printing Office, 1965.

Withey, Henry F., and Elsie R. Withey. *Biographical Dictionary of American Architects (Deceased)*. Los Angeles: Hennessey & Ingalls, Inc., 1970.

#### IV. PROJECT INFORMATION

Documentation of Ward G, and other selected structures on Ellis Island was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O'Connor, Chief, HDP) during the summer of 2009. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and Architects Sara Dewey (University of Maryland), Luis Pieraldi (Metropolitan University of Puerto Rico), Michael Sandbury (Kent State University), and Thomas Sheridan (Rhode Island School of Design). HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Diane E. Williams served as project historian with guidance from HABS Historian Lisa Pfueller Davidson. HAER Photographer Jet Lowe and HABS Photographer James Rosenthal completed large-format photographs during 2009. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), and Don Fiorino (Historical Architect).

#### V. SUPPLEMENTAL MATERIAL – ILLUSTRATIONS

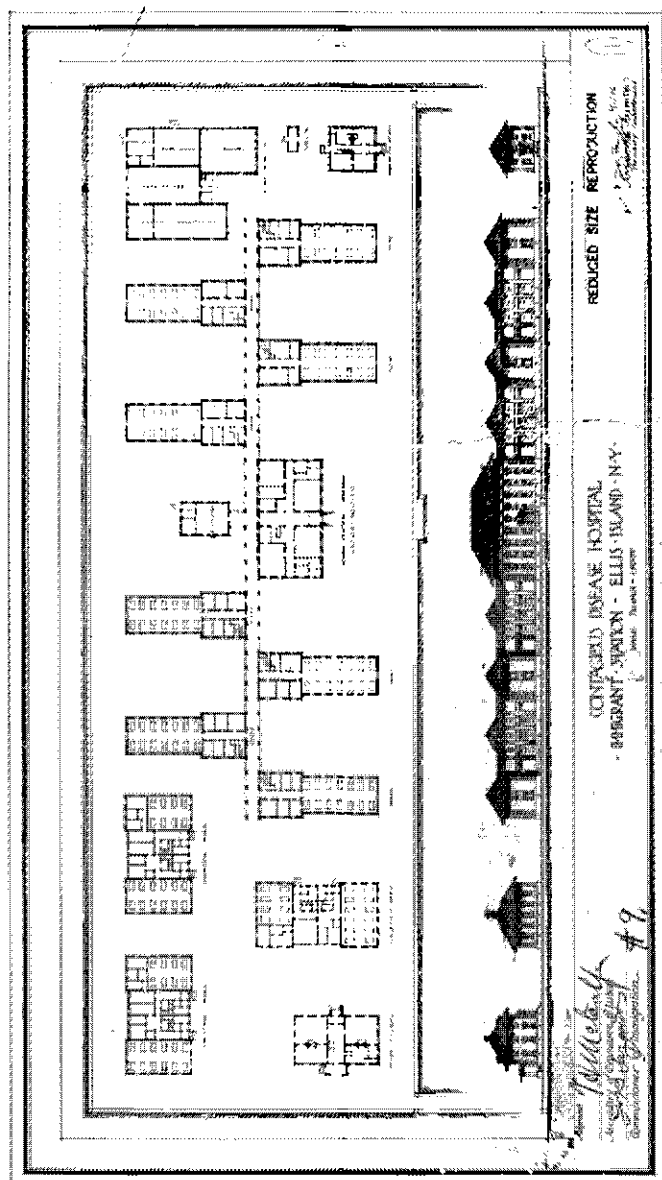


Figure 1: Office of the Supervising Architect, "Contagious Disease Hospital," 1906  
(NPS Drawing No. 462/43,901 Sheet 1 of 2)  
Source: Technical Information Center, Denver Service Center, National Park Service

ELLIS ISLAND,  
CONTAGIOUS DISEASE HOSPITAL MEASLES WARD G  
HABS No. NY 6086-L  
(Page 26)

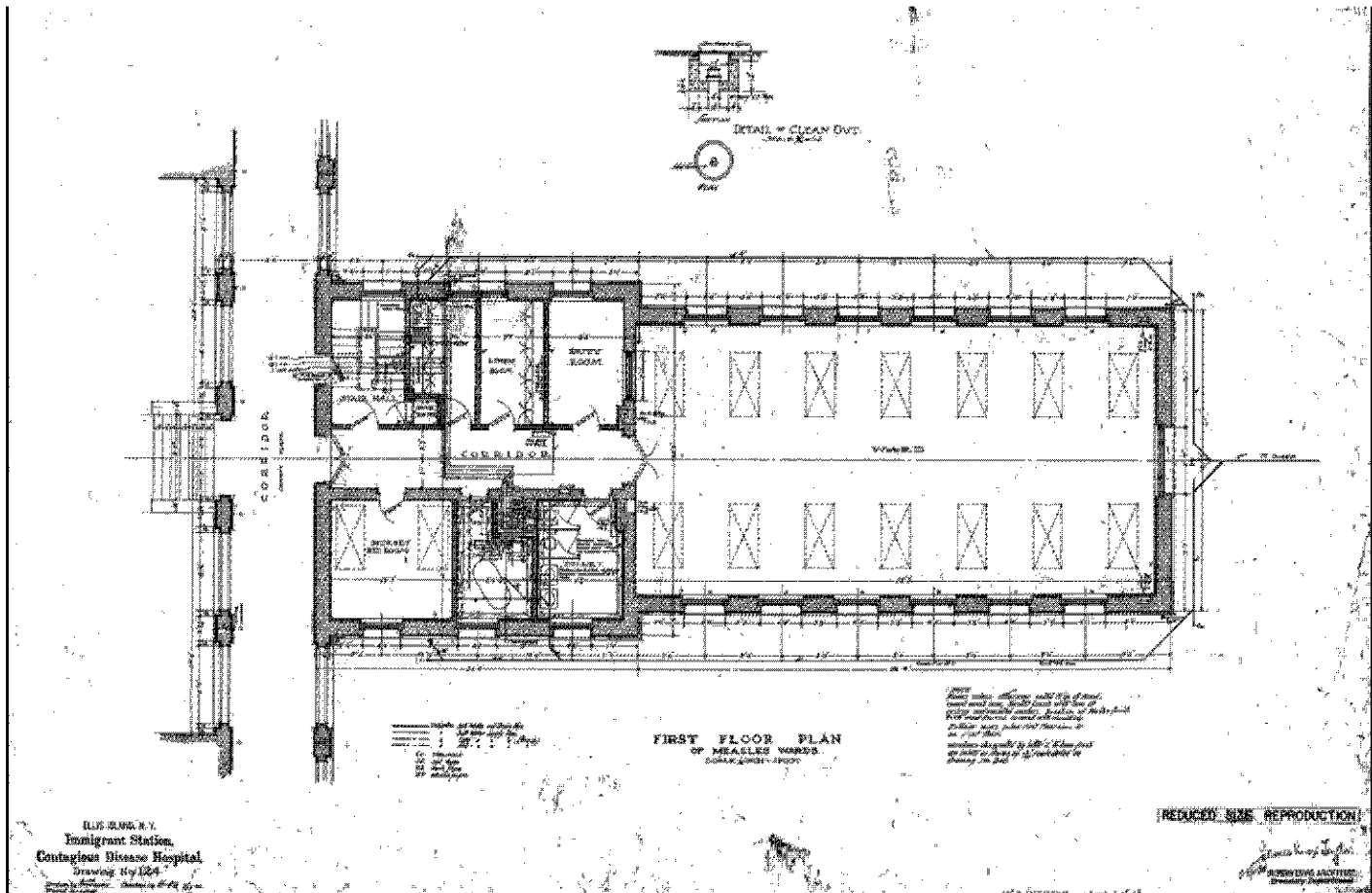


Figure 2: Office of the Supervising Architect, "First Floor Plan of Measles Wards," (18 August 1906)  
(NPS Drawing No. 462/43,902B Sheet 1 of 13)

Source: Technical Information Center, Denver Service Center, National Park Service

ELLIS ISLAND,  
CONTAGIOUS DISEASE HOSPITAL MEASLES WARD G  
HABS No. NY 6086-L  
(Page 27)

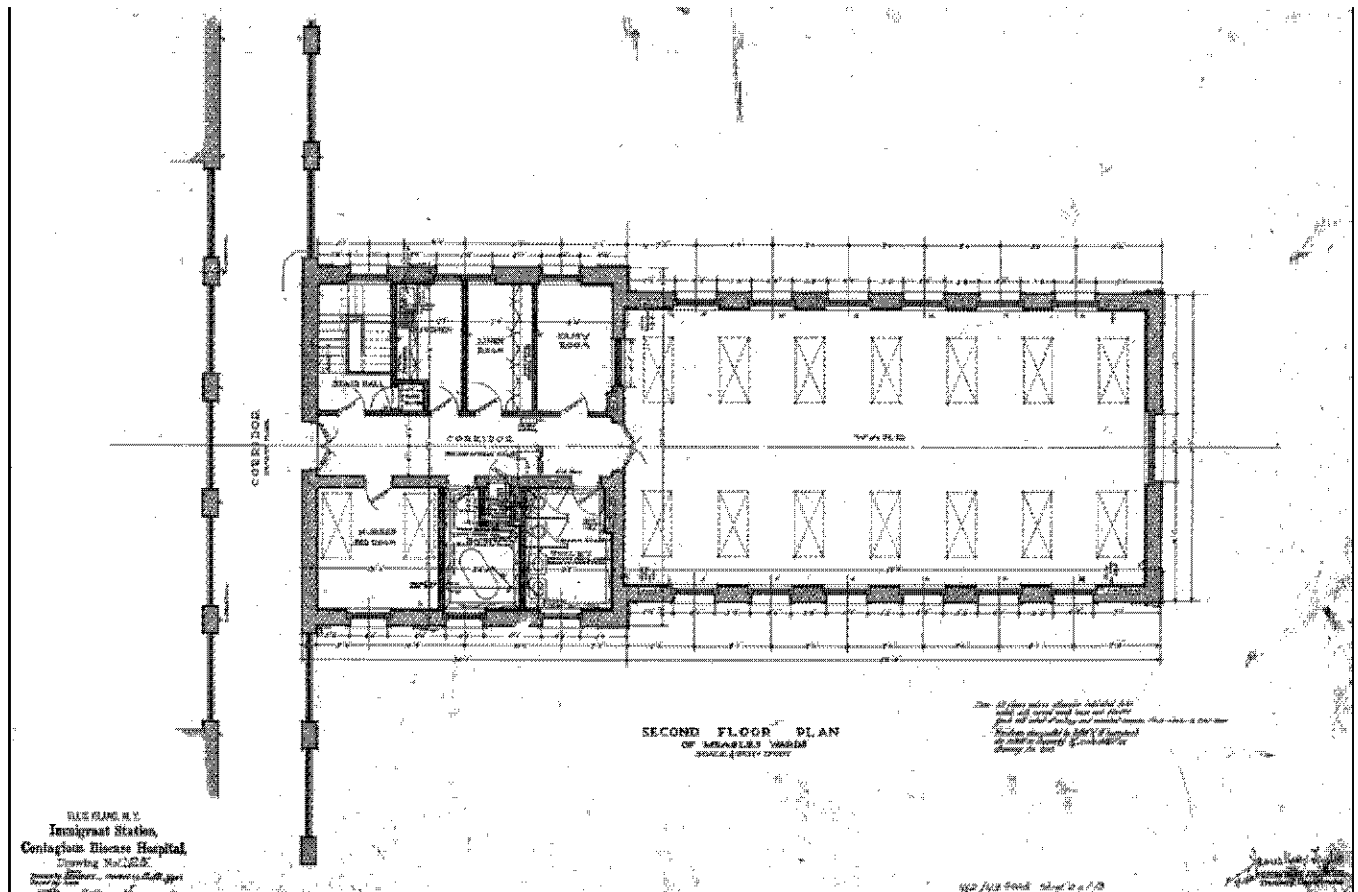


Figure 3: Office of the Supervising Architect, "First Floor Plan of Measles Wards," (18 August 1906)  
(NPS Drawing No. 462/43,902B Sheet 2 of 13)

Source: Technical Information Center, Denver Service Center, National Park Service

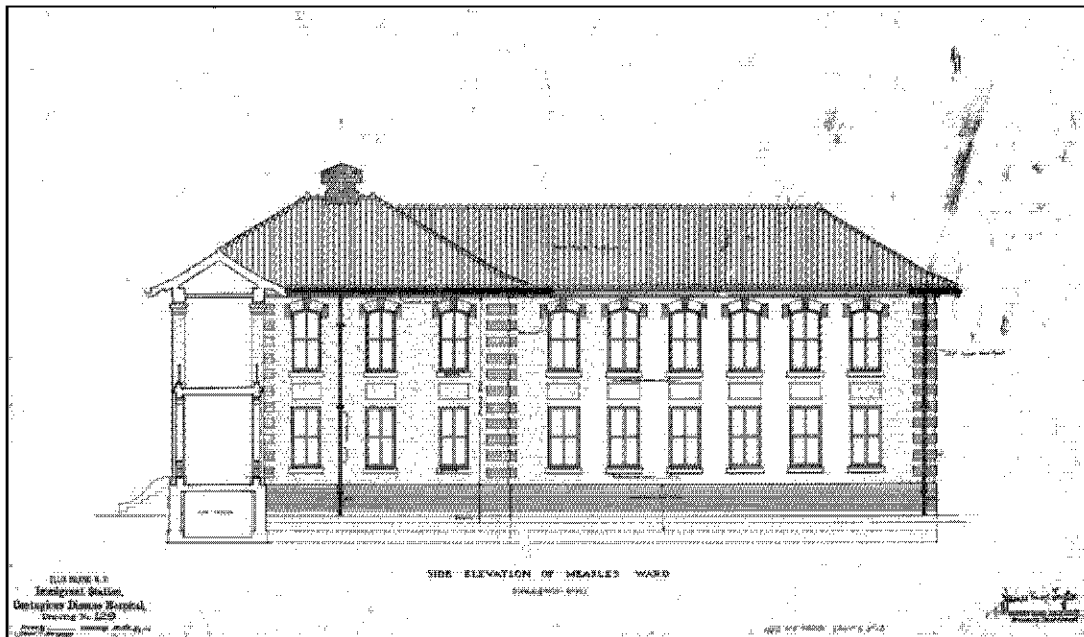


Figure 4: Office of the Supervising Architect, "Side Elevation of Measles Ward," (18 August 1906)  
(NPS Drawing No. 462/43,902B Sheet 6 of 13)  
Source: Technical Information Center, Denver Service Center, National Park Service

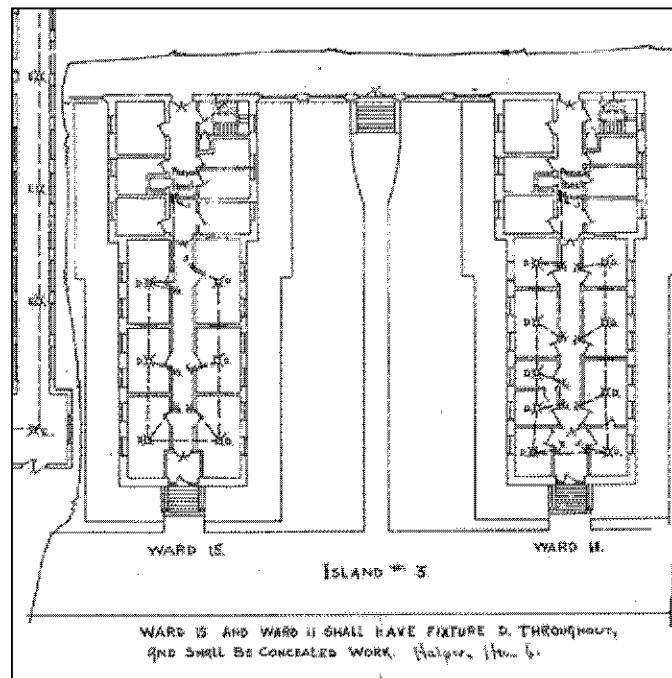


Figure 5: Immigration Service, U.S. Department of Labor,  
Excerpt from "Repairs, Alterations, and Additions for Electric Wiring...", (5 June 1924)  
(NPS Drawing No. 462/43,918 Sheet 1 of 1)  
Source: Technical Information Center, Denver Service Center, National Park Service

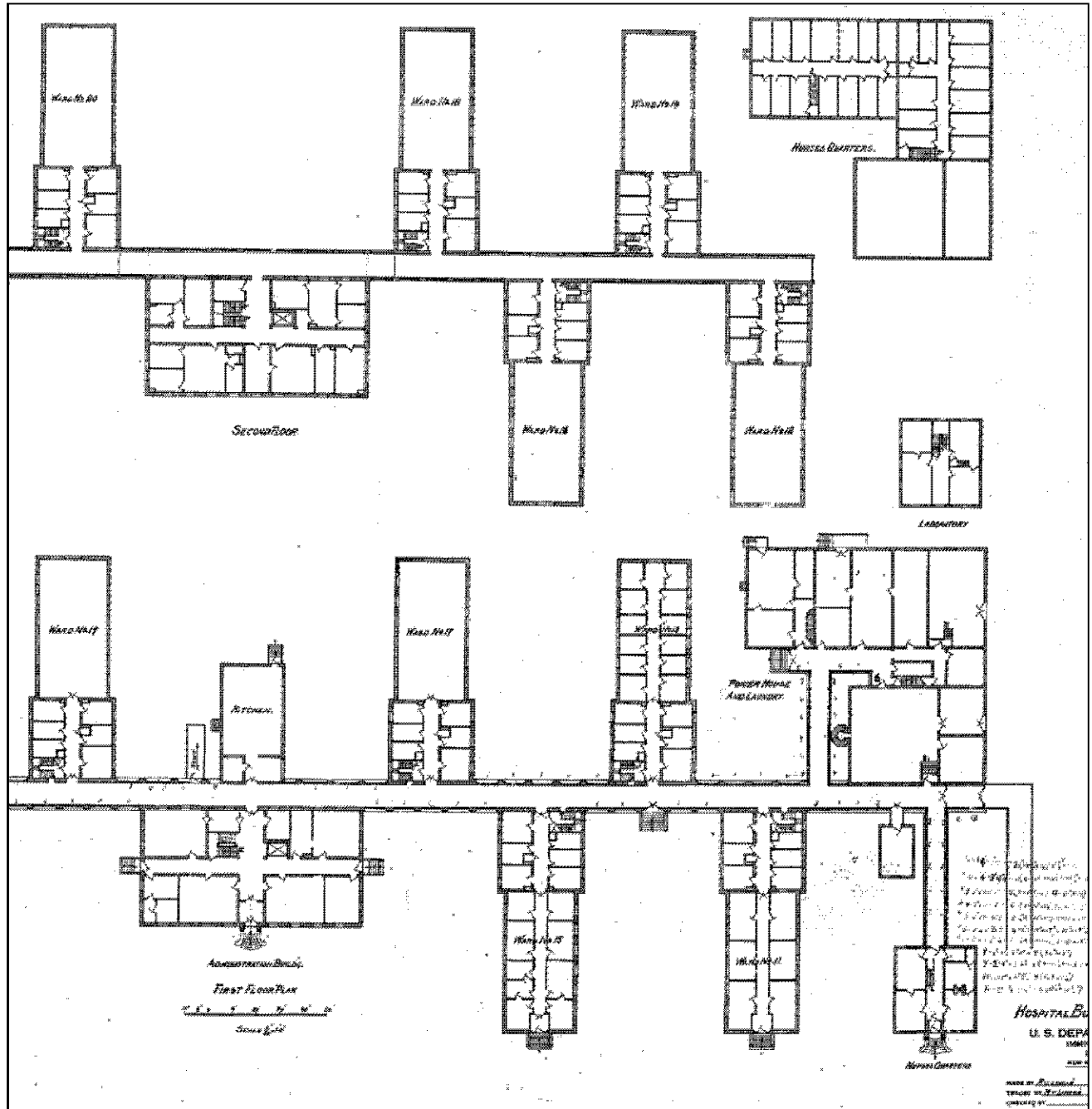


Figure 6: Immigration Service, U.S. Department of Labor,  
Excerpt from “Hospital Buildings, Island 3” (21 May 1928)  
(NPS Drawing No. 462/43,920 Sheet 2 of 2)

Source: Technical Information Center, Denver Service Center, National Park Service

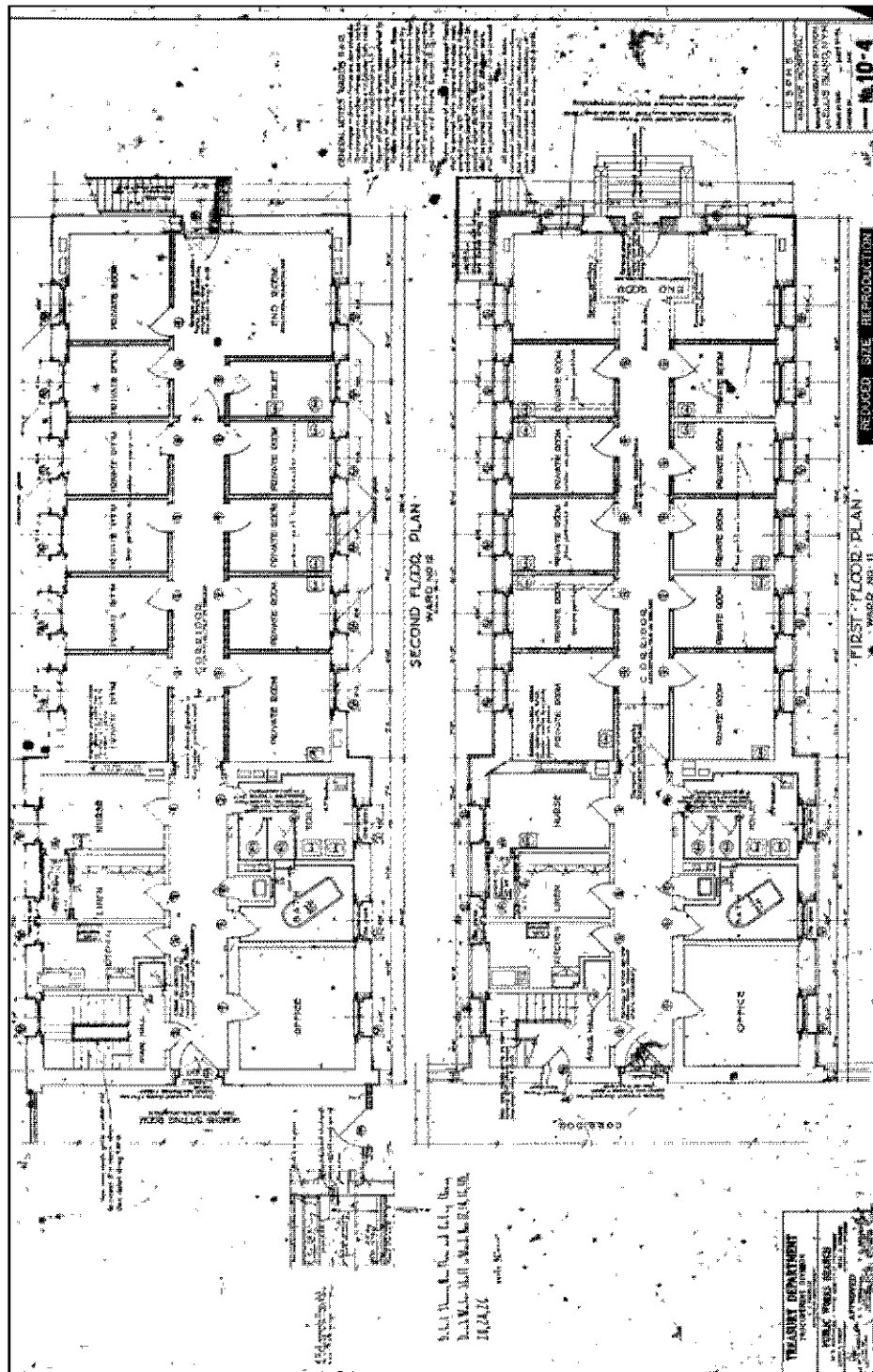


Figure 7: Public Works Branch, Treasury Department,  
“Second Floor Plan (Ward No. 12) and First Floor Plan (Ward No. 11),” (24 April 1936)  
(Original Drawing No. 10-4)

Source: Technical Information Center, Denver Service Center, National Park Service

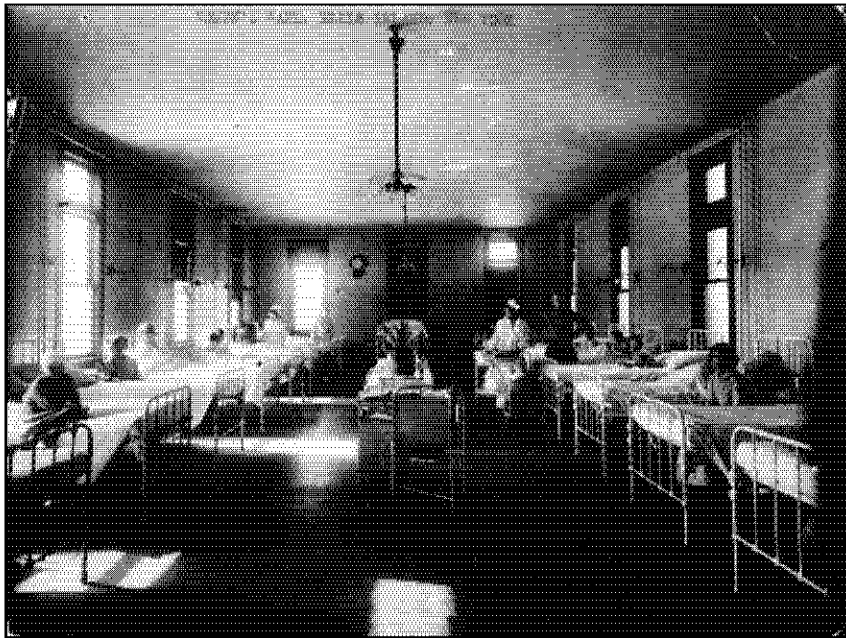


Figure 8: Typical Open Ward Interior, ca. 1920 (Photo No. 90-G-90-14)  
Source: Record Group 90-G – Records of the Public Health Service, Historical Photograph File, 1880-1943, Still Picture Branch, NARA, College Park, MD

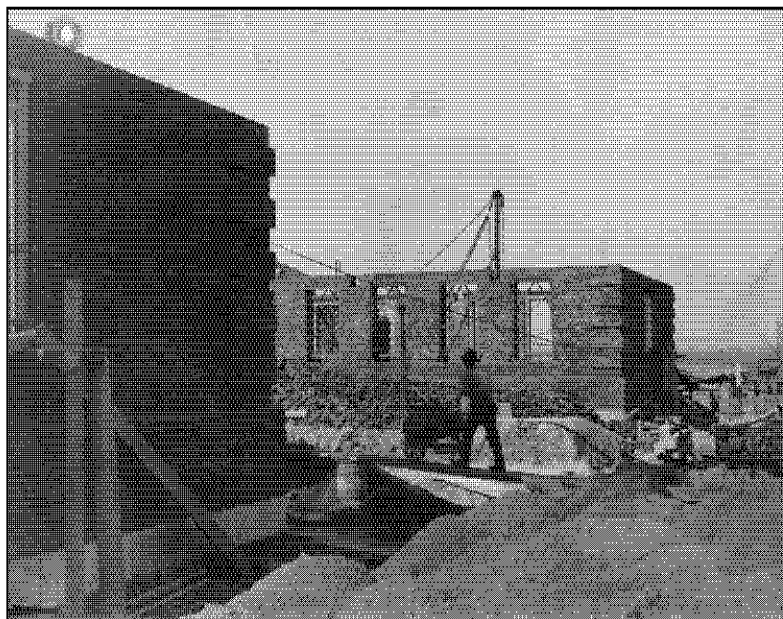


Figure 9: Measles Wards C & G, looking northwest, (14 October 1907), (Photo No. 121-BCP-38A1-21F)  
Source: Record Group 121-BCP – Records of the Public Building Service, Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, NARA, College Park, MD



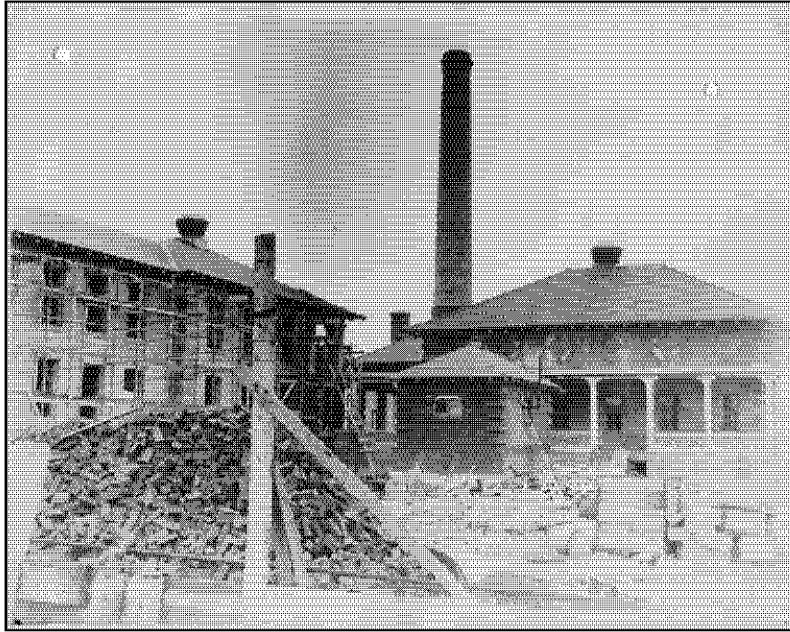


Figure 10: Mortuary, Measles Ward G, and Powerhouse, looking south, (16 December 1907),  
(Photo No. 121-BCP-38A1-22H)

Source: Record Group 121-BCP – Records of the Public Building Service, Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, NARA, College Park, MD

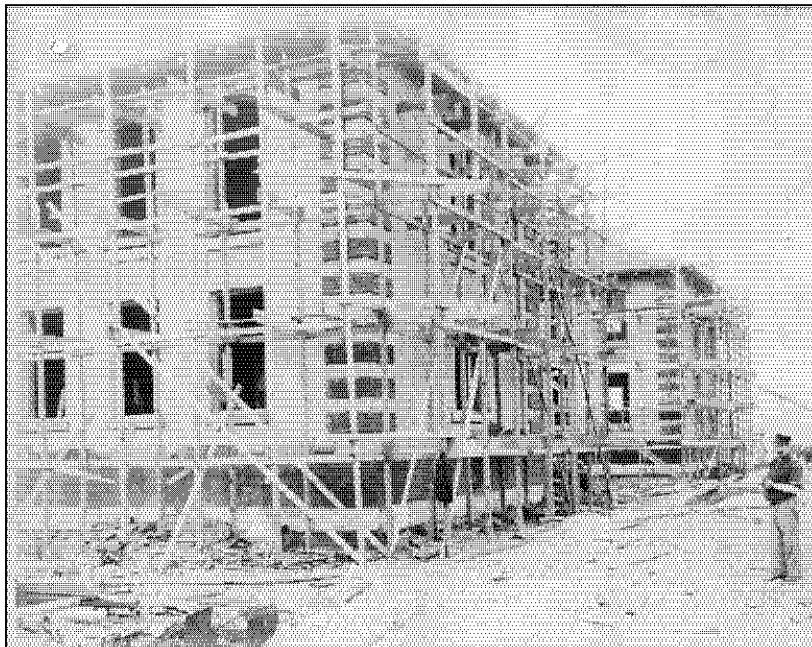


Figure 11: Measles Wards C & G, looking north, (11 January 1908),  
(Photo No. 121-BCP-38A1-23D)

Source: Record Group 121-BCP – Records of the Public Building Service, Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, NARA, College Park, MD

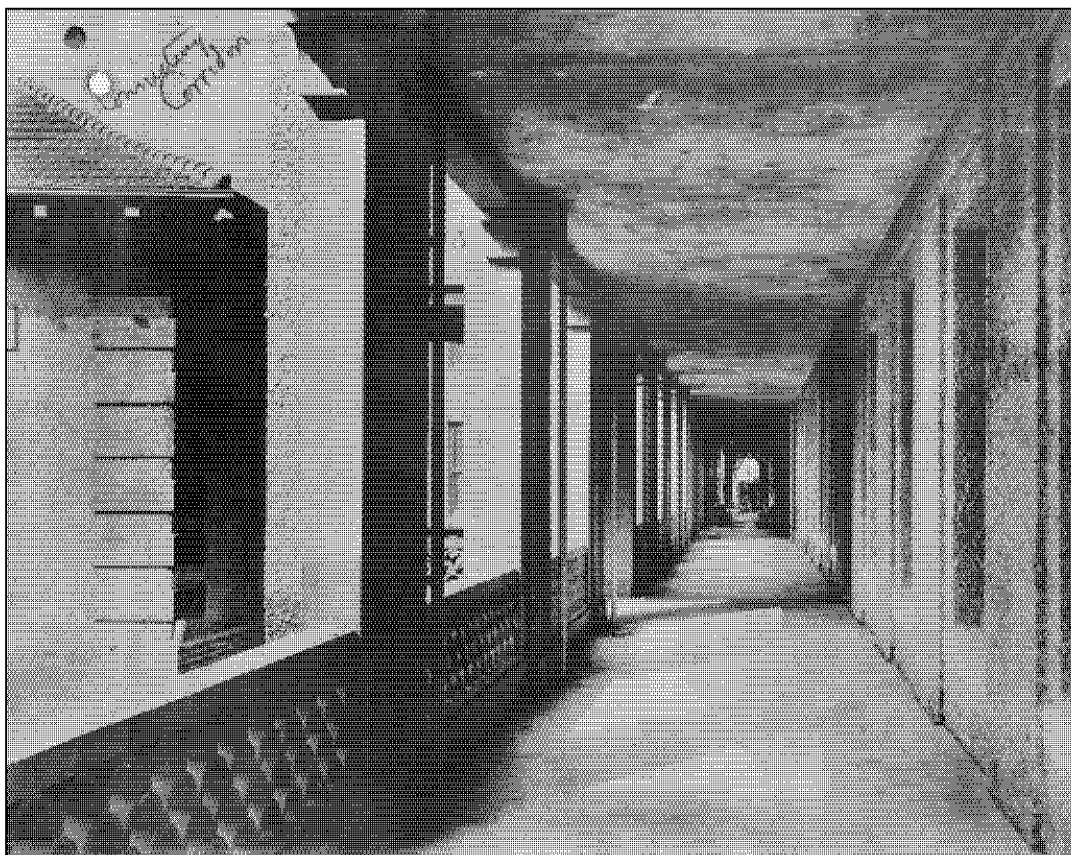


Figure 12: Two-Story Corridor at Kitchen, ca. 1908, (Photo No. 121-BCP-38A-27),  
Source: Record Group 121-BCP – Records of the Public Building Service,  
Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, NARA, College  
Park, MD